

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566139

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
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28		1		1		1
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30		1		1		1
31	1		1		1	
32	1		1		1	
33	1		1		1	
34	1		1		1	
35	1		1		1	
36						
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38						
39	1		1		1	
40	1		1		1	
41	1		1		1	
42	1		1		1	
43						
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46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	50	24				
TOTAL CLAIMS	53	27				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						